2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90051 034 ***150.00

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1. Entity Name
MRDM, INC.

50005668

01102005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1370 58TH ST. CLEARWATER, FL 33760	4139 TATAN PLACE TAMPA, FL 33624

3. Principal Place of Business	3. Mailing Address
5019 Whistling Pines Ct.	5019 Whistling Pines Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, Fl	City & State: Wesley Chapel, FL
Zip: 33544 Country: Pasco	Zip: 33544 Country: Pasco

4. FEI Number 59-3525716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELI, MICHAEL R
4139 TARTAN PLACE
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name: Michael R. Meli
Street Address (P.O. Box Number is Not Acceptable): 5019 Whistling Pines Ct.
City: Wesley Chapel FL Zip Code: 33544

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 1/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD MELI, MICHAEL R 4139 TARTAN PLACE TAMPA, FL 33624	☐ Delete	PTSD Michael R. Meli 5019 Whistling Pines Ct. Wesley Chapel, Fl 33544	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #